

Helping Clients in HIV Status Disclosure

Course Dates:

April 13, 2006
Columbia, SC

May 11, 2006
Greenville, SC

**This training will begin promptly at 9 a.m.
Participant sign-in is at 8:30 a.m.**

Registration form

***For registration, cancellation, or course
information contact:***

James Harris, Jr.
STD/HIV Division Training Coordinator
1751 Calhoun Street
Columbia, South Carolina 29201
Phone: 803-898-0480
Fax: 803-898-0573
Email: harrisj@dhec.sc.gov

***Deadline for registration is 15 business days
prior to the training.***

Course Description:

This is a one-day skills-based training that explores the many issues surrounding client HIV status disclosure and discusses strategies for supporting this in a number of different settings. Participants will learn how to support HIV-positive clients in disclosing their HIV status to others in a variety of relationships. The training also promotes safer sex strategies for clients, regardless of disclosure.

Topics to be covered and specific skills to be practiced include:

- Cultural, religious, medical and psychosocial factors that make HIV disclosure particularly difficult.
- How provider attitudes, values, and beliefs can affect the disclosure process
- The advantages and disadvantages of disclosing one's HIV status in the context of one's life situation.
- Identify or demonstrate effective and ineffective counseling techniques during the disclosure process.
- Identify or demonstrate three techniques to help clients prepare for actual disclosure.
- Discuss the importance of providing ongoing counseling and support regardless of client's disclosure decision.

Prerequisites:

N/A

Audience:

Providers of HIV+ clients

Instructor (s):

Stan Wardlaw, LMSW

Training Hours:

6.5

Continuing Education Units available.



STD/HIV Division

Registration Form

Completion of this form indicates your intentions to attend the course indicated. This registration will not be processed without your supervisor's signature. **You will receive confirmation of enrollment when your registration is processed. All DHEC courses will be limited to the first 20 individuals registered.**

Name: _____
District or Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Evening: _____
Fax: _____
E-mail Address: _____

Type of Agency (check one):

- ☐ State Health Dept. or Professional ☐ Local Health Dept. ☐ Substance Abuse
☐ Non-governmental Org. ☐ Private Medical Provider ☐ Corrections
☐ DHEC Funded Prevention Contractor ☐ Other _____

Mark the course date and location you are requesting:

Helping Clients in HIV Status Disclosure

___ April 13, 2006 Columbia, SC

___ May 11, 2006 Greenville, SC

*HIV, STD, and SC STD/HIV Law and Test Decision Counseling, Result Counseling, and Risk Reduction Counseling are prerequisite for the above course. Please indicate the following information regarding each:

1. Date and location: _____
2. Date and location: _____

Supervisor's Signature: _____

(Your supervisor **must** sign this form to indicate knowledge and agreement with your registration.)

For additional information contact James Harris, Jr. STD/HIV Division Training Coordinator at 803-898-0480 or by e-mail at harrisj@dhec.sc.gov. Fax registration forms to 803-898-0573. Deadline for registration is 15 business days prior to all training dates.